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09/698,357	10/27/2000	Benjamin Pless	003-006C1

55714
ST. JUDE MEDICAL, ATRIAL FIBRILLATION DIVISION
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CONFIRMATION NO. 3469
POA ACCEPTANCE LETTER



Date Mailed: 07/15/2008

NOTICE OF ACCEPTANCE OF POWER OF ATTORNEY

This is in response to the Power of Attorney filed 07/04/2008.

The Power of Attorney in this application is accepted. Correspondence in this application will be mailed to the above address as provided by 37 CFR 1.33.

/hgray/

Office of Data Management, Application Assistance Unit (571) 272-4000, or (571) 272-4200, or 1-888-786-0101